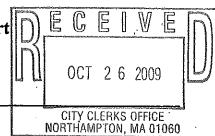


Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

	, <u>-</u>		-	·	
					_
C Date		v	•		
10 Date		Year			

Fill in dates: Month Date Ye Reporting Period Beginning Airgust 29, 2009	Month 16 Date Year Ending October 2009
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	on 30 day after election year-end report dissolution
Pehorah & Jacobs Full Name of Candidate (if applicable) City Council Ward 7 Office Sought and District 82 Grove Avenue Residential Address Leeds, MA 01053 Tel. No. (optional)	Deb Jacobs Campaian Coruntlee Committee Name Betsy Sievswa Name of Committee Treasurer 17 Power St Committee Mailing Address Florence, MA 01062 Tel No. (optional)
SUMMARY BALAN Line 1: Ending balance from prev Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions t Line 7: Total (all) outstanding liabil	(page 2, line 11) \$ \frac{174.00}{5.273.43} 1540 2092.93 riod (page 3, line 14) \$ \frac{688.20}{5.43-3} 1404.74 his period (page 4) \$ 0

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Florence Savings

Line 8: Name of bank(s) used

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee	, ,
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all	l campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not re	ceived any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with Independent activity filing separate report	
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all	l campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and rep	xesents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.	

Candidate signature (in ink)

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid To Whom Paid (alphabetical listing)		Address	Purpose of Expenditure	` Amount	
10/13	Elder Vision.	67 CONZ St Northampton 0106	political Advertisement .	300 00	
;		1001 Michempting 010 a			
10/15	United States Post	Florence, Mot 010629948	Stamps for flyer- Mailing	176	00
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	<u></u>				
*					
	.,	-			
<u> </u>			·	·	
				-	ļ
			Expenditures over \$50	476	—
ī	Enter on page 1, line 4		Expenditures \$50 and under* :TOTAL EXPENDITURES	688	20

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE A: RECEIPTS

(G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	ved (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)	
8/31	George Danziger/Halena Brello 31 Tara Cirde, Florence MA 0 1062	200	o o	Computer consultant	
10/8	John + Elizabeth Detroll 231 Andubon Rd, Leeds 01053	loo	00		
9/1	EMORY & FORL 364 Spring St. Florence 01062-9754	200	00	dmsnHaNT	
10/4	Richard S. Hart III 68 Leonard St, Leeds 01053	100	60		
9/11	P.O. BOX 1293, Leeds 01053 835.	100	00		
9/22	Lucy B. Longstreth 84 No. Main St., Florence 01062	200	00	teacher/unemployed	
				-	
			·		
			-		
<u>.</u>	•				
				•	
		_		•	
Line 9:	Total receipts in excess of \$50 (or listed above)	900	00		
Line 10: Total receipts \$50 and under* (not listed above)			0,0	640	
Line 11:	Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2 \$ 1,540.	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			*	
•				
				•
		Line 15:	In-kind over \$50	0
		Line 16:	In-kind \$50 and under	0
Enter on page 1, line 6		Line 17:	Total In-kind	Ď

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	1			
	-			
	<u> </u>			
	*			
· l	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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